



"Fournier, Cheryl" <cfournier@mckennalong.com> on 10/19/2012 03:26:56 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,  
cc: "Passantino, Stefan" <spassantino@mckennalong.com>, "Keane, Benjamin" <bkeane@mckennalong.com>,

Subject: Form 9 - New American Energy Opportunity Foundation

To Whom It May Concern,

The attached FEC Form 9 is sent on behalf of the New American Energy Opportunity Foundation by Mr. Stefan C. Passantino. A courtesy copy of this filing has also been submitted to the FEC via fax machine.

Sincerely,  
Cheryl Fournier

**Cheryl Fournier | Legal Secretary**  
**McKenna Long & Aldridge LLP**  
303 Peachtree Street | Suite 5300 | Atlanta, GA 30308  
Tel: 404.527.8337 | Fax: 404.527.4198 | [cfournier@mckennalong.com](mailto:cfournier@mckennalong.com)

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NAEOF FEC Form 9 Filing 10-19.pdf

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

New American Energy Opportunity Foundation

(b) Address (number and street) ☐ check if different than previously reported

15601 North Dallas Parkway, Suite 900

(c) City, State and ZIP Code

Addison, TX 75001

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

10 / 18 / 2012

through

11 / 09 / 2012

### 5. (a) Date of Public Distribution(s)

10 / 18 / 2012

### (b) Communication Title

Energy Independence Issue

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: \_\_\_\_\_

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

### 8. Custodian of Records

(a) Name

Martin V. Fleming

(b) Address (number and street)

15601 North Dallas Parkway, Suite 900

(c) City, State and ZIP Code

Addison, TX 75001

(d) Name of Employer or Principal Place of Business

New American Energy Opportunity Foundation

(e) Occupation

President

### 9. Total Donations This Statement

798,385.00

### 10. Total Disbursements/Obligations This Statement

798,385.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stefan C. Passantino

SIGNATURE



DATE

10/19/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE      OF  
     2       4

**11. Person(s) Sharing/Exercising Control**

|           |   |                             |
|-----------|---|-----------------------------|
| <b>A.</b> | (a) Name<br>Martin V. Fleming   |                             |
|           | (b) Address (number and street)<br>15601 North Dallas Parkway, Suite 900                          |                             |
|           | (c) City, State and ZIP Code<br>Addison, TX 75001   |                             |
|           | (d) Name of Employer or Principal Place of Business<br>New American Energy Opportunity Foundation | (e) Occupation<br>President |
| <b>B.</b> | (a) Name  |                             |
|           | (b) Address (number and street)   |                             |
|           | (c) City, State and ZIP Code  |                             |
|           | (d) Name of Employer or Principal Place of Business   | (e) Occupation              |
| <b>C.</b> | (a) Name  |                             |
|           | (b) Address (number and street)   |                             |
|           | (c) City, State and ZIP Code  |                             |
|           | (d) Name of Employer or Principal Place of Business   | (e) Occupation              |
| <b>D.</b> | (a) Name  |                             |
|           | (b) Address (number and street)   |                             |
|           | (c) City, State and ZIP Code  |                             |
|           | (d) Name of Employer or Principal Place of Business   | (e) Occupation              |
| <b>E.</b> | (a) Name  |                             |
|           | (b) Address (number and street)   |                             |
|           | (c) City, State and ZIP Code  |                             |
|           | (d) Name of Employer or Principal Place of Business   | (e) Occupation              |

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3 OF 4

|   |  |
|---|--|
| <p><b>A. Full Name of Donor</b><br/> Sheldon G. Adelson</p> <p><b>Mailing Address of Donor</b><br/> 3355 Las Vegas Boulevard South</p> <p>City State Zip<br/> Las Vegas, NV 89109</p> | <p><b>Date of Receipt</b><br/> 10 / 12 / 2012</p> <p><b>Amount</b><br/> 798,385.00</p> |
| <p><b>B. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p>City State Zip</p>  | <p><b>Date of Receipt</b></p> <p><b>Amount</b></p>                                     |
| <p><b>C. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p>City State Zip</p>  | <p><b>Date of Receipt</b></p> <p><b>Amount</b></p>                                     |
| <p><b>D. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p>City State Zip</p>  | <p><b>Date of Receipt</b></p> <p><b>Amount</b></p>                                     |
| <p><b>E. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p>City State Zip</p>  | <p><b>Date of Receipt</b></p> <p><b>Amount</b></p>                                     |

**SUBTOTAL** of Donations This Page (optional) ▶

798,385.00

**TOTAL** This Period (last page this line number only) ▶  
(carry total from last page to Line 9)

798,385.00

**SCHEDULE 9-B**
**Disbursement(s) Made or Obligation(s)**

PAGE 4 OF 4

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br>Marketel Media, Inc.<br><hr/> <b>Mailing Address of Payee</b><br>33175 Temecula Parkway, Suite A203<br><hr/> <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____<br>Temecula, CA 92592<br><hr/> <b>Name of Employer</b> _____ <b>Occupation</b> _____ |  |  |  | <b>Date of Disbursement or Obligation</b><br>10 / 17 / 2012<br><hr/> <b>Amount</b><br>798,385.00<br><hr/> <b>Communication Date</b><br>10 / 18 / 2012                   |  |  |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>Production and Placement of Radio Ad - "Energy Independence Issue"  |  |  |  |   |  |  |  |
| <b>Name of Federal Candidate</b><br>Barack Obama   |  | <b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br><b>State:</b> _____ <b>District:</b> _____ |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |  |  |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br><b>State:</b> _____ <b>District:</b> _____            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |  |  |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br><b>State:</b> _____ <b>District:</b> _____            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |  |  |  |
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b><br>_____<br><hr/> <b>Mailing Address of Payee</b><br>_____<br><hr/> <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____<br>_____<br><hr/> <b>Name of Employer</b> _____ <b>Occupation</b> _____  |  |  |  |   |  | <b>Date of Disbursement or Obligation</b><br>_____ / _____ / _____<br><hr/> <b>Amount</b><br>_____<br><hr/> <b>Communication Date</b><br>_____ / _____ / _____ |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>_____   |  |  |  |   |  |  |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br><b>State:</b> _____ <b>District:</b> _____            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |  |  |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br><b>State:</b> _____ <b>District:</b> _____            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |  |  |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br><b>State:</b> _____ <b>District:</b> _____            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |  |  |  |
| <b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶  |  |  |  | 798,385.00  |  |  |  |
| <b>TOTAL This Period (last page this line number only)</b> ..... ▶<br>(carry total from last page to Line 10)  |  |  |  | 798,385.00  |  |  |  |

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|  |  |
|--|--|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                                    |
| <input type="checkbox"/> USPS First Class Mail                                   | Postmarked   |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                                   |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked   |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |  |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked   |
| <input type="checkbox"/> Postmark Illegible                                      |  |
| <input type="checkbox"/> No Postmark   |  |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                                      |
| Next Business Day Delivery <input type="checkbox"/>                              |  |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                                    |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                                    |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                                    |
| <input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>               | Date of Receipt or Postmarked<br><i>10/19/2012</i> |
| <i>JN</i><br>PREPARER  | <i>10/19/2012</i><br>DATE PREPARED                 |